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49478

State of Nebraska  
Investigator's Motor Vehicle Accident Report

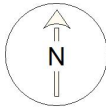
Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 123	Agency Case No. B5-053928	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/17/2015		TIME OF ACCIDENT 1814	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1816	06/19/2015	
B 89	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 14th St WB Off Ramp/ Cornhusker Hwy			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 5	IF AT INTERSECTION			IF NOT AT INTERSECTION		
NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
9.11			X		Cornhusker Hwy	
V1/M 14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13525860		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 6	DRIVER	CALEB S SCHMIDT		PHONE	402-316-6334	
V2/N 6	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/19/1995	
G 1	OWNER	Jov m Schmidt (06-16-1962) / Thomas S Schmidt		PHONE	402-379-8293	
H 5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB466922	
V1/O 1	LICENSE PLATE PA NO.	7D1111		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V2/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
I 1	2008	Ford	Fusion	4 door Sedan	blue	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 200
V1/P 1	VEHICLE ID NO. (VIN)	3FAHP07Z58R247261		INSURANCE COMPANY		
V2/P 1	TOWED TO	TOWED BY		POLICY NO.		
J 01	2003		Chevrolet	Impala	4 door Sedan	tan
V1/Q 4	LICENSE PLATE PA NO.	TED629		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K 07	2003	Chevrolet	Impala	4 door Sedan	tan	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 200
V1/R 1	VEHICLE ID NO. (VIN)	2G1WF52E039196278		INSURANCE COMPANY		
V2/R 1	TOWED TO	TOWED BY		POLICY NO.		
L 07	2003		Chevrolet	Impala	4 door Sedan	tan
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	6 EMS RUN REPORT NO.	
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**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

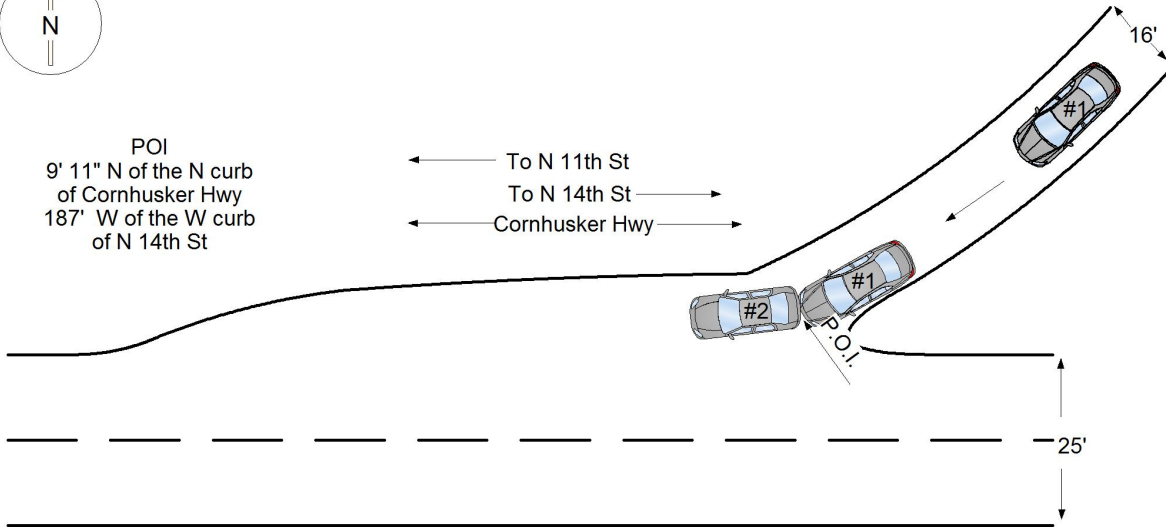
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-053928



POI  
9' 11" N of the N curb  
of Cornhusker Hwy  
187' W of the W curb  
of N 14th St

← To N 11th St  
To N 14th St →  
← Cornhusker Hwy →



*Not To Scale*

Measurements approximate

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Veh #1 was SB on the N 14th St WB Off ramp approaching Cornhusker Hwy when he struck Veh #2 from behind. Driver #1 stated he was looking to the East for traffic on Cornhusker when he observed the car stopped in front of him. Driver #1 stated he attempted to stop but couldn't. Driver #1 stated he was going about 35 mph prior to the accident. Veh #2 was SB on the N 14th St WB Off ramp at Cornhusker Hwy when it was struck from behind by Veh #1. Driver #2 stated she had stopped for traffic when she was hit from behind.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												
1		X			N 14th St WB C												
2		X			N 14th St WB												
1	01				06 Turning left												
2	11				08 Entering traffic lane												
				01 Essentially straight ahead													
				02 Backing													
				03 Changing lanes													
				04 Overtaking/Passing													
				05 Turning right													
				09 Leaving traffic lane													
				10 Parked													
				11 Slowing or stopped in traffic													
				12 Other													
				13 Unknown													

VEHICLE 1	VEHICLE 2		
POINT OF IMPACT	01	POINT OF IMPACT	05
MOST DAMAGED AREA	01	MOST DAMAGED AREA	05
<p>00 None</p> <p>01 02 03 04</p> <p>05 06 07 08</p>			

VEHICLE 1	VEHICLE 2
1 Deployed - front	1 None used - vehicle occupant
2 Deployed - side	2 Lap & shoulder belt used
3 Deployed - both front/side	3 Shoulder belt only used
4 Not deployed	4 Lap belt only used
5 Not applicable/No airbag available	5 Child safety seat used
6 Unknown	6 Child booster seat used
	7 DOT approved helmet used
	8 Costume helmet used
	9 Restraint use unknown

ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
ALCOHOL LEVEL TESTED	Y	Y	Y
BAC LEVEL	N	X	N

ALCOHOL/DRUGS SUSPECTED	Driver No. 1	Driver No. 2
1 Neither alcohol nor drugs suspected	1	1
2 Yes - alcohol suspected		
3 Yes - drugs suspected		
4 Yes - alcohol & drugs suspected		
5 Unknown		

OFFICER NO. 1645	TROOP/TEAM/BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Nolan Hauser		INVESTIGATOR SIGNATURE Approved by Nolan Hauser	DATE OF REPORT 06/19/2015